

Iowa Vocational Rehabilitation Services – Referral for Services

Please complete all sections. If you would like assistance with this form, do not hesitate to ask. If you need more space, please use an additional piece of paper.

A. Personal Information:

First Name: _____ Middle/Maiden Name: _____
Last Name: _____ Preferred Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
County: _____ Home Phone: (____) _____ Cell Phone: (____) _____
Primary E-Mail: _____ Secondary E-Mail: _____
Gender Identity: ☐ Male ☐ Female ☐ Do not wish to disclose

Do you have a specific low vision impairment that presents difficulty for you in preparing for, obtaining, or maintaining employment? Or are you considered legally blind? ☐ No ☐ Yes

Do you require an interpreter? ☐ No ☐ Yes Language: _____

Preferred Method of Communication: ☐ E-mail ☐ Phone ☐ Video Relay

Permission to Send Text Messages: ☐ No ☐ Yes

Do you have a legal guardian? ☐ No ☐ Yes Name: _____ Phone: _____

B. Referral Source:

Who referred you to IVRS? _____ Phone Number: (____) _____

What is the reason they suggested you apply for services? _____

IVRS USE ONLY:

Referral Notes:

Date Stamp Received:

IVRS USE ONLY

If low vision question is checked “yes” send referral to IDB and notify the individual. If the individual does not want to be referred to IDB, notify him/her that IVRS does not serve this population.

Source of Referral at Application

- ☐ 14(c) Certificate Holders *
- ☐ Adult Education and Literacy Programs *
- ☐ American Indian VR Services Program
- ☐ Centers for Independent Living
- ☐ Child Protective Services
- ☐ Community Rehabilitation Programs
- ☐ Consumer Organizations or Advocacy Groups
- ☐ One-stop Employment/Training Centers (Department of Labor Employment and Training Service Programs for Adults, Dislocated Workers, and Youth)
- ☐ Educational Institutions (Elementary/Secondary)
- ☐ Educational Institutions (Postsecondary)
- ☐ Employers
- ☐ Extended Employment Providers *
- ☐ Faith Based Organizations
- ☐ Family/Friends
- ☐ Intellectual and Developmental Disabilities Providers
- ☐ Medical Health Provider (Public or Private)
- ☐ Mental Health Provider (Public or Private)
- ☐ Public Housing Authority
- ☐ Self-referral
- ☐ Social Security Administration (Disability Determination Service or District office)
- ☐ State Department of Correction/Juvenile Justice
- ☐ State Employment Service Agency **
- ☐ Temporary Assistance for Needy Families (TANF) *
- ☐ Veteran's Benefits Administration (which includes VA Vocational Rehabilitation)
- ☐ Veteran's Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
- ☐ Wagner-Peyser Employment Service Program *
- ☐ Welfare Agency (State or local government)
- ☐ Worker's Compensation
- ☐ Other One-stop Partner *
- ☐ Other Sources
- ☐ Other State Agencies
- ☐ Other VR State Agencies
- ☐ Other WIOA-funded Programs including Job Corps, YouthBuild, Indian and Native Americans, and Migrant and Seasonal Farmworker Programs *

*Do not use until 7/1/17

**Do not use after 6/30/17